| | | | |
|---|---|---|---|
| | | | INVOICE NO. |
| DATE | TIME AM PM | EMPLOYEE PERFORMING IMMOBILIZATION | |
| MAKE | MODEL | TAG | STATE |
| VIN NO. | | | COLOR |
| ADDRESS WHERE IMMOBILIZED | | | CITY |
| REASON FOR IMMOBILIZATION | | | |
| PHONE NO. OF AUTHORIZING PERSON | DATE | TIME AM PM | |
| X AUTHORIZING PERSON'S SIGNATURE ☐ FAX | | AUTHORIZING PERSON / ENTITY & ADDRESS (PRINT) | |
| RELEASE TO | | DRIVER'S LICENSE NO. & STATE ISSUED IN | |

**MAXIMUM RATE FOR NON CONSENT IMMOBILIZATION PER BROWARD COUNTY ORDINANCE**

**TOTAL $73.48**

TO FILE A COMPLAINT, CONTACT
BROWARD COUNTY ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION AT 954-519-1260.

| | | | | |
|---|---|---|---|---|
| PAYMENT METHOD | ☐ CASH ☐ CREDIT CARD ☐ DEBIT CARD ☐ OTHER | | AUTH. NO. | TOTAL |
| RELEASE DATE | RELEASE TIME AM PM | INT. | X | RECIPIENT'S SIGNATURE |

CHANGE MUST BE PROVIDED IF PAYMENT IS IN CASH